

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083686 (2)**
1. Corporation Name
SOLIDEX CORP.



Principal Place of Business Mailing Address
**7957 NW 64 ST
MIAMI FL 33166** **7957 NW 64 ST
MIAMI FL 33166**

3. Date Incorporated or Qualified **10/30/1995** 3a. Date of Last Report
4. FEI Number **EIN 05-0617292** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**ALVAREZ, GUSTAVO
8023 LAKE DR #204
MIAMI FL 33166**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE *[Signature]* **ALVAREZ, GUSTAVO H.** **08/03/96**
Signature of the principal officer or director of the corporation (if applicable) (Not a Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **P ALVAREZ, GUSTAVO**
STREET ADDRESS **8023 LAKE DR #204**
CITY-ST-ZIP **MIAMI FL 33166**
TITLE DELETE
NAME **VT GARCIA, GUSTAVO**
STREET ADDRESS **4910 NW 79TH AVE #205**
CITY-ST-ZIP **MIAMI FL 33166**
TITLE DELETE
NAME **S CASTRO, JUAN C**
STREET ADDRESS **5201 GENOVA WAY #108**
CITY-ST-ZIP **MIAMI FL 33166**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed thereon an attachment with an address.

SIGNATURE: *[Signature]* **ALVAREZ, GUSTAVO H.** **08/03/96** **(305) 718-9262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Print #

CR2E034 (3/96)